



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification
99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-753-8000
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CORI REQUEST FORM

Massachusetts Department of Public Health, Clinical Laboratory Program has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for clinical laboratory licensure, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

XXX - ____ - ____

SOCIAL SECURITY NUMBER
(Last 6 digits are required)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES

SEX: ____ **HEIGHT:** ____ *ft.* ____ *in.* **WEIGHT:** ____ **EYE COLOR:** ____

STATE DRIVER'S LICENSE NUMBER: _____

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

REQUESTED BY: _____

Pamela Waksmonski

SIGNATURE OF CORI AUTHORIZED EMPLOYEE